


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No 1215-0188
Expires 07-31-2004

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | | | | |
|---|--|----------------------------------|---|--|
| For Official Use Only  | | 1. FILE NUMBER 538-156 | 2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002 | 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: |
| STEPHEN PAPAGEORGE (2) 538-156 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 130 LU 37 2-A 111-02 JAMAICA AVE RICHMOND HILLS, NY 11418 12/2002 | | | | 8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4 — |
| 4. AFFILIATION OR ORGANIZATION NAME | | | | |
| 5. DESIGNATION (Local, Lodge, etc.) | | 6. DESIGNATION NUMBER | | |
| 7. UNIT NAME (if any) | | | | |
| 9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.) | | | | |

| | |
|--|--|
| 75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) | |
| Item Number | |
| 11 | H.E.R.E. Int'l Union Health: Welfare Fund / H.E.R.E. Union Local 37401 K Profit sharing Plan + Trust Plan # C335 |
| 14 | H.E.R.E. Int'l Union Pension Fund. |
| 16 | The books and records have been reviewed by outside accountant and will be reviewed by parent body auditor. |
| Sch 9 + 10 | Stephen Papageorge (S/T) is also a salaried employee of the H.E.R.E. Int'l Union |
| | Include auto expenses which may have been used partially personally. |

| | | | |
|--|--|--------------------------------|--|
| Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) | | | |
| 76. SIGNED: <u>James A. Santora</u> | PRESIDENT (If other title, see instructions.) | 77. SIGNED: <u>[Signature]</u> | TREASURER (If other title, see instructions.) |
| <u>3 12 27 03</u> | <u>(718) 850-7760</u> | <u>3 12 27 03</u> | <u>(718) 850-7760</u> |
| Date | Telephone Number | Date | Telephone Number |

03-100-012 (538156)
* 5 3 8 1 5 6 *

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | |
| 15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input checked="" type="checkbox"/> | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1700
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2005
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees | |
|------------------------|--|
| (a) Regular Dues/Fees | \$ <u>29 to \$32</u> per <u>month</u> (Month, Year, etc.) |
| (b) Initiation Fees | \$ <u>52 to \$62.00</u> |
| (c) Transfer Fees | \$ <u>0.25</u> |
| (d) Work Permits | \$ _____ per _____ (Month, Year, etc.) |

- | | Yes | No |
|--|-----|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 538-156

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

| | ASSETS | From SCH # | Start of Reporting Period (A) | End of Reporting Period (B) |
|--------------------|--|------------------|-------------------------------------|-----------------------------------|
| | Item | | | |
| ASSETS | 25. Cash..... | | 273730 | 160819 |
| | 26. Accounts Receivable | | 50000 | 50000 |
| | 27. Loans Receivable | 1 | | |
| | 28. U.S. Treasury Securities | | | |
| | 29. Investments | 2 | | |
| | 30. Fixed Assets | 5 | 4475 | 3066 |
| | 31. Other Assets | 3 | 1250 | 1250 |
| | 32. TOTAL ASSETS | | 329455 | 215135 |
| LIABILITIES | 33. Accounts Payable..... | | 57500 | 50500 |
| | 34. Loans Payable | 8 | | |
| | 35. Mortgages Payable | | | |
| | 36. Other Liabilities | 4 | 377 | |
| | 37. TOTAL LIABILITIES | | 57877 | 50500 |
| | 38. NET ASSETS (Item 32 less Item 37) | | 271578 | 164635 |

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 538-156

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

| CASH RECEIPTS | From SCH # | AMOUNT | CASH DISBURSEMENTS | From SCH # | AMOUNT |
|--|------------------|--------|---|------------------|--------|
| Item | | | Item | | |
| 39. Dues | | 573877 | 56. To Officers | 9 | 106881 |
| 40. Per Capita Tax | | | 57. To Employees | 10 | 94006 |
| 41. Fees | | 27382 | 58. Per Capita Tax | | 239335 |
| 42. Fines | | | 59. Fees, Fines, Assessments, etc. | | |
| 43. Assessments | | | 60. Office & Administrative Expense | 13 | 60229 |
| 44. Work Permits | | | 61. Educational & Publicity Expense ... | | |
| 45. Sale of Supplies | | | 62. Professional Fees | | 85260 |
| 46. Interest | | 3859 | 63. Benefits | 11 | 42283 |
| 47. Dividends | | | 64. Contributions, Gifts & Grants | 12 | 1588 |
| 48. Rents | | | 65. Supplies for Resale | | |
| 49. Sale of Investments & Fixed Assets | 6 | | 66. Direct Taxes | | 21057 |
| 50. Loans Obtained | 8 | | 67. Withholding Taxes | | 67895 |
| 51. Repayments of Loans Made | 1 | | 68. Purchase of Investments & Fixed Assets | 7 | |
| 52. On Behalf of Affiliates for Transmittal to Them | | | 69. Loans Made | 1 | |
| 53. From Members for Disbursement on Their Behalf | | | 70. Repayment of Loans Obtained | 8 | |
| 54. Other Receipts | 14 | 5808 | 71. To Affiliates of Funds Collected on Their Behalf | | |
| | | | 72. On Behalf of Individual Members ... | | |
| | | | 73. Other Disbursements | 15 | 5303 |
| 55. TOTAL RECEIPTS | | 610926 | 74. TOTAL DISBURSEMENTS | | 723837 |

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 538 - 156

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

| List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A) | Loans Outstanding at Start of Period (B) | Loans Made During Period (C) | Repayments Received During Period | | Loans Outstanding at End of Period (E) |
|--|---|---------------------------------|-----------------------------------|---------------------------|---|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____ | | | | | |
| 2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____ | | | | | |
| 3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____ | | | | | |
| 4. Totals from additional pages (if any) | | | | | |
| 5. Totals of loans not listed above | | | | | |
| 6. Totals of Lines 1 through 5 | ○ | ○ | ○ | ○ | ○ |
| Enter the Totals from Line 6 in <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (A) </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 69 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 51 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 75 with Explanation </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (B) </div> | | | | | |

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

| Description (A) | Amount (B) |
|---|---------------|
| Marketable Securities | |
| 1. Total Cost | |
| 2. Total Book Value | |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. | |
| (a) _____ | |
| (b) _____ | |
| (c) _____ | |
| (d) _____ | |
| Other Investments | |
| 4. Total Cost | |
| 5. Total Book Value | |
| 6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. | |
| (a) _____ | |
| (b) _____ | |
| (c) _____ | |
| (d) _____ | |
| (e) Total from additional pages (if any) | |
| 7. Total of Lines 2 and 5 | 0 |
| Enter the Total from Line 7 in Item 29, Column (B) | |

FILE NUMBER: 538-156

SCHEDULE 3 — OTHER ASSETS

| Description (A) | Book Value (B) |
|--|-------------------|
| 1. SECURITY DEPOSIT | 1250 |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 1250 |
| Enter the Total from Line 7 in Item 31, Column (B) | |

SCHEDULE 4 — OTHER LIABILITIES

| Description (A) | Amount at End of Period (B) |
|--|-----------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 0 |
| Enter the Total from Line 7 in Item 36, Column (D) | |

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 538-156

| Description (A) | Cost or Other Basis (B) | Total Depreciation or Amount Expensed (C) | Book Value (D) | Fair Market Value (E) |
|---|-------------------------------|---|----------------------|-----------------------------|
| 1. Land (give location): | | | | |
| 2. Totals from additional pages (if any) | | | | |
| 3. Buildings (give location): | | | | |
| 4. Totals from additional pages (if any) | | | | |
| 5. Automobiles and Other Vehicles | | | | |
| 6. Office Furniture and Equipment | 26589 | 23523 | 3066 | 3066 |
| 7. Other Fixed Assets | | | | |
| 8. Totals of Lines 1 through 7 | 26589 | 23523 | 3066 | 3066 |
| Enter the Total from Line 8, Column (D) in Item 30, Column (B) | | | | |


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Gross Sales Price (D) | Amount Received (E) |
|---|-------------|-------------------|--------------------------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. Totals from additional pages (if any) | | | | |
| 6. Totals of Lines 1 through 5 | | | | |
| | | | 7. Less Reinvestments | |
| | | | 8. Net Sales | <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> 0 </div> |
| Enter the Total from Line 8 in Item 49 | | | | |

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS






FILE NUMBER: 538-156

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Cash Paid (D) |
|--|-------------|-----------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. Totals from additional pages (if any) | | | |
| 6. Totals of Lines 1 through 5 | | | |
| | | 7. Less Reinvestments | |
| | | 8. Net Purchases | 0 |

Enter the Total from Line 8 in  Item 68

SCHEDULE 8 — LOANS PAYABLE

| Source of Loans Payable at Any Time During the Reporting Period (A) | Loans Owed at Start of Period (B) | Loans Obtained During Period (C) | Repayment Made During Period | | Loans Owed at End of Period (E) |
|--|--------------------------------------|-------------------------------------|------------------------------|---------------------------|------------------------------------|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. Totals from additional pages (if any) | | | | | |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 | 0 |

Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 538-156

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|--------------------------------------|-------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C)* | | | | | | |
| 1. P A P A G E O R G E Last Name S / T Title | STEPHEN First Name C Status | 62886 | 0 | 6504 | 0 | 69390 | |
| 2. S A N T O S Last Name PRESIDENT Title | JAMES First Name C Status | 15888 | 0 | 2795 | 0 | 18683 | |
| 3. V A L L E L Y Last Name VP Title | MICHAEL First Name C Status | 50236 | 0 | 231 | 0 | 50467 | |
| 4. G O M E Z Last Name EX. BOARD Title | HERIBER First Name C Status | 0 | 400 | 0 | 0 | 400 | |
| 5. E C H E V A R R I A Last Name EX. BOARD Title | LUIS First Name C Status | 0 | 400 | 0 | 0 | 400 | |
| 6. H I G G I N S Last Name EX. BOARD Title | MICHAEL First Name C Status | 0 | 2600 | 0 | 0 | 2600 | |
| 7. V A R G A S Last Name EX. BOARD Title | CARMEN First Name C Status | 0 | 250 | 0 | 0 | 250 | |
| 8. Totals from additional pages (if any) | | | 0 | 1400 | 0 | 0 | 1400 |
| 9. Totals of Lines 1 through 8 | | | 129010 | 5050 | 9530 | 0 | 143590 |
| | | | | | 10. Less Deductions 36709 | | |
| Enter the Total from Line 11 in Item 56 ➡ | | | | | 11. Net Disbursements 106881 | | |

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 538-156

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|--|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| 1. Last Name: LUCIANO First Name: EDWIN Position: BA Name of Affiliated Organization: | 41458 | 0 | 155 | 0 | 41613 |
| 2. Last Name: FIORILLO First Name: SILVANA Position: ADM. ASST. Name of Affiliated Organization: | 44685 | 0 | 18 | 0 | 44703 |
| 3. Last Name: MANZO First Name: NORMA Position: Name of Affiliated Organization: | 29459 | 0 | 0 | 0 | 29459 |
| 4. Last Name: First Name: Position: Name of Affiliated Organization: | | | | | |
| 5. Last Name: First Name: Position: Name of Affiliated Organization: | | | | | |
| 6. Totals from additional pages (if any) | | | | | |
| 7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates | 8689 | 0 | 728 | 0 | 9417 |
| 8. Totals of Lines 1 through 7 | 124291 | 0 | 901 | 0 | 125192 |
| | | | 9. Less Deductions 31186 | | |
| Enter the Total from Line 10 in Item 57 ⇨ | | | 10. Net Disbursements 94006 | | |

SCHEDULE 11 — BENEFITS

FILE NUMBER: 5 38 - 156

| Description (A) | To Whom Paid (B) | Amount (C) |
|---|--------------------------|---------------|
| 1. STAFF PENSION | FUND | 20061 |
| 2. STAFF HEALTH & WELFARE | FUND | 22222 |
| 3. 401(K) Profit Sharing Plan | Mutual of Omaha Ins. Co. | 0 |
| 4. | | |
| 5. Total from additional pages (if any) | | |
| 6. Total of Lines 1 through 5 | | 42283 |
| Enter the Total from Line 6 | | ↑ Item 63 |


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

| Description (A) | Amount (B) |
|--|---------------|
| 1. DONATION - CHARITY | 1588 |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | 1588 |
| Enter the Total from Line 8 in ↑ Item 64 | |


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

| Description (A) | Amount (B) |
|--|---------------|
| 1. RENT | 22950 |
| 2. TELEPHONE | 10920 |
| 3. PTG. POSTAGE & OFFICE | 10445 |
| 4. INSURANCE & BONDING | 5120 |
| 5. ORG. NEG. + MEETING-DIRECT | 4584 |
| 6. HOTEL & CARRIERS DIRECT | 4694 |
| 7. Total from additional pages (if any) | 1516 |
| 8. Total of Lines 1 through 7 | 60229 |
| Enter the Total from Line 8 in ↑ Item 60 | |

**SCHEDULE 14 —
OTHER RECEIPTS**

| Description (A) | Amount (B) |
|---|---------------|
| 1. OUTDATED CHECKS VOIDED | 1151 |
| 2. EXCHANGE & REBATE | 2297 |
| 3. DUES DEDUCTIONS | 2268 |
| 4. BANK CHARGE REFUND | 92 |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 5808 |
| Enter the Total from Line 17 in  Item 54 | |

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

| Description (A) | Amount (B) |
|---|---------------|
| 1. REFUND O.L. - D.M.G. | 2335 |
| 2. DUES DEDUCTION PAID | 2268 |
| 3. EXCHANGE | 250 |
| 4. PER DIEM EXPENSE | 200 |
| 5. MISC. EXPENSE | 250 |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 5303 |
| Enter the Total from Line 17 in  Item 73 | |

ORGANIZATION NAME:
HOTEL EMPL. RESTAURANT EMPL AFL-CIO. LU37

ENDING DATE OF PERIOD COVERED:
December 31, 2002

FILE NUMBER: 538-156

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|---------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C) | | | | | |
| Last Name KENNY First Name LINDA Title TRUSTEE Status C | | 0 | 600 | 0 | 0 | 600 |
| Last Name SCHEDLBAUER First Name JOHN Title TRUSTEE Status C | | 0 | 600 | 0 | 0 | 600 |
| Last Name MARTINEZ First Name EDWIN Title TRUSTEE Status C | | 0 | 200 | 0 | 0 | 200 |
| Last Name First Name Title Status | | | | | | |
| Last Name First Name Title Status | | | | | | |
| Last Name First Name Title Status | | | | | | |
| Last Name First Name Title Status | | | | | | |
| Last Name First Name Title Status | | | | | | |
| Totals | | 0 | 1400 | 0 | 0 | 1400 |

| |
|--------------------------------|
| ORGANIZATION NAME: |
| ENDING DATE OF PERIOD COVERED: |

FILE NUMBER: —


PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*


| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|---------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C) | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Last Name First Name | | | | | | |
| Title Status | | | | | | |
| Totals | | | | | | |

SCHEDULE 11 — BENEFITS

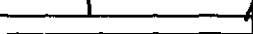

Page 1 of 1 = Additional Page FILE NUMBER: 538-156

| Description (A) | To Whom Paid (B) | Amount (C) |
|---|---------------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. Total from additional pages (if any) | | |
| 6. Total of Lines 1 through 5 | | |
| Enter the Total from Line 6  Item 63 | | |


**SCHEDULE 12 —
CONTRIBUTIONS, GIFTS & GRANTS**

| Description (A) | Amount (B) |
|--|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | |
| Enter the Total from Line 8 in  Item 64 | |


**SCHEDULE 13 —
OFFICE & ADMINISTRATIVE EXPENSE**

| Description (A) | Amount (B) |
|--|---------------|
| 1. CHRISTMAS EXPENSES | 100 |
| 2. FLOWERS & MEMORIALS | 416 |
| 3. 401 K ADMINISTRATIVE FEE | 1000 |
| 4. | |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | 1516 |
| To original Schedule 13   Enter the Total from Line 8 in Line 7 Item 60 | |

**SCHEDULE 14 —
OTHER RECEIPTS**

| Description (A) | Amount (B) |
|---|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | |
| Enter the Total from Line 17 in  Item 54 | |

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

| Description (A) | Amount (B) |
|---|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | |
| Enter the Total from Line 17 in  Item 73 | |